Name in Full: James Hoyles Beall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Waldorf; County: Charles

Date of death: Month: August; Day: 18; Year: 1904

Age: Years: —; Months: 0; Days: 20

Sex: Male

Color or Race: White

Birthplace: Charles County

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: A. F. Beall

Father's Birthplace: Md

Mother's Maiden Name: Georgie Hoyles

Mother's Birthplace: Md

Name of person giving information: A. F. Beall

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum

How long: 2 months

Immediate: Exhaustion

How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. O. Monroe

Address: Waldorf Maryland

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Nannie M. Brent

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brentland; County: Charles

Date of death: Month: Aug; Day: 16th; 1904

Age: Years: 31; Months: 7; Days: 20

Sex: Female

Color or Race: White

Birthplace: Charles Co

Occupation: —

Where Residing if not at place of death: Charles Co

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: George Brent

Father's Birthplace: Charles Co

Mother's Maiden Name: Merrick

Mother's Birthplace: " "

Name of person giving information: William M. Brent

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Osteo-Sarcoma

How long: 6 months or long

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Thos. S. Owen

Address: La Plata Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Mary Elfreth Brunson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mason Springs; County: Charles

Date of death	Month	Day	Years	Months	Days
1904	8	2	Age	3	

Sex: Female | Color or Race: C | Birthplace: Md

Occupation: None | Where Residing if not at place of death:

Married, Single or Widowed: | Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Bernard Brunson | Father's Birthplace: Md

Mother's Maiden Name: Charlotte Washington | Mother's Birthplace: Md

Name of person giving information: Charlotte Washington | How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum | How long: 2 weeks

Immediate: Asthenia Due to Cholera Infantum | How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Emil L Hazum

Address: Mason Springs Md

Accident or Suicide?

LIBRARY BUREAU A29016

Name in Full

William Campbell

Certificate of Death

Died at Town: Newport County: Charles MARYLAND

Date 1904 Month: Aug Day: 28 | Age Y. 50 M. — D. — | Native of Md | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | Widow X Widower | ~~Divorced~~ | Number of children living 4

Husband of Wife Mollie Campbell

Father's Name Charles Campbell Mother's Maiden Name Not Known

Cause of Death — Primary: Pulmonary Tuberculosis — How long sick: 4 Months

Immediate: Exhaustion of Cardiac Comp. — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by C. L. Cecil M.D.

Address Newport Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Mary E. Crimmond

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Dobbsville — County: Charles

Date of death 1904 — Month: 8 — Day: 9 — Age — Years: — — Months: 3 — Days: 17

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

Father's Name: — — Father's Birthplace:

Mother's Maiden Name: Rena F. Crimmond — Mother's Birthplace: Md

Name of person giving Information: Hy Crimmond — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus 151 — How long: 1 mo

Immediate: — — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. T. Chappelear M.D.

Address: Hughesville Md

Accident or Suicide?

LIBRARY BUREAU A6651G

Name in Full: Julian R. Delozier

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Prigah — County: Charles

Date of death: 1904 — Month: 8 — Day: 6 — Age: Years — Months: 8 — Days: 25

Sex: Male — Color or Race: W — Birthplace: Md

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thomas Delozier — Father's Birthplace: Md

Mother's Maiden Name: Clara Ryan — Mother's Birthplace: Pa

Name of person giving Information: J. F. Dement — How related to deceased: District

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Debilitis. — How long: 3 weeks

Immediate: Asthenia. — How long: One week.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: S. L. Hamm

Address: Mason Springs Md

Accident or Suicide? No

LIBRARY BUREAU A88918

Name in Full: Henson A Tanner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Newport; County: Calvert

Date of death: Month: Aug; Day: 10; 1904

Age: Years: 65 -; Months: —; Days: —

Sex: Male

Color or Race: Colored

Birthplace: Chas Co Md

Occupation: Laborer

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or Husband: Susan Tanner

Father's Name: Samuel Tanner

Father's Birthplace: Md

Mother's Maiden Name: Nat Knowen

Mother's Birthplace: Md

Name of person giving Information: William Pye

How related to deceased: Nour'

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 5 Months

Immediate: Asthenia & Cardiac Coup. — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C L Cecil

Address: Newport Md

Accident or Suicide?

LIBRARY BUREAU A99816

Name in Full: Eugene Freeman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mason Springs; County: Charles

Date of death: 1904; Month: 8; Day: 13; ~~Year~~ Age: ; Months: ; Days: 4 hours

Sex: Male; Color or Race: W.; Birthplace: Md

Occupation: ; Where Residing if not at place of death:

Married, Single or Widowed: ; Name of Wife or Husband:

Father's Name: Eugene Freeman; Father's Birthplace: D. C.

Mother's Maiden Name: Lizzie Simmons; Mother's Birthplace: Md

Name of person giving Information: Frank Simmons; How related to deceased: Grandfather

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ; How long:

Immediate: Premature Birth; How long: 2 1/4 hours

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Jno. L. L. Hannum M.D.

Address: Mason Springs Md

Accident or Suicide?

LIBRARY BUREAU A65516

Name in Full: Louis Goldsmith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mrs Bryantown — County: Charles

Date of death 1904: Month: August — Day: 4 — Age: Years: — Months: 10 — Days: —

Sex: Female — Color or Race: White — Birthplace: Charles Co. Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thomas Goldsmith — Father's Birthplace: Md

Mother's Maiden Name: — — Mother's Birthplace: Unk

Name of person giving information: Elmer A Harper — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 10 Days

Immediate: Same — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. D. Mowbray

Address: Waldorf Md

Accident or Suicide? —

LIBRARY BUREAU A8S816

Name in Full: John J Hancock

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Nanjemoy (County) Charles

Date of death 1904 (Month) August (Day) 11 — Age (Years) 65 (Months) (Days)

Sex male — Color or Race W — Birthplace Charles Co Md

Occupation Farmer — Where Residing if not at place of death Nanjemoy

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name Randall Hancock — Father's Birthplace Don't know

Mother's Maiden Name Layena Cooksey — Mother's Birthplace Charles Co Md

Name of person giving Imformation George W Henderson — How related to deceased Friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Kidney Trouble — How long 6 months

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Macmillan Clements

Address Asst Regt

Accident or Suicide?

LIBRARY BUREAU A8831G

Name in Full: Charles Hart

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chicamuxen; County: Charles

Date of death: Month: 8; Day: 18; 1904

Age: Years: 64; Months; Days

Sex: M

Color or Race: C

Birthplace: Md

Occupation: Farmer

Where Residing if not at place of death: at home.

Married, Single or Widowed: M.

Name of Wife or Husband: Malinda Hart

Father's Name: John Hart

Father's Birthplace: Md.

Mother's Maiden Name: Ann Hart.

Mother's Birthplace: Md

Name of person giving Information: E. H. Hart

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Complication of Lungs and Kidneys

How long: 3 months

Immediate: Heart failure

How long: 1 Hour

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas. L. Hamon M.D.

Address: Mason Springs Md.

Accident or Suicide? No.

LIBRARY BUREAU A66816

Name in Full: Wm T. Hindle

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Indian Lodge; County:

Date of death: Month: 8; Day: 18; 1904

Age: Years: 75; Months: ; Days:

Sex: Male

Color or Race: White

Birthplace: Chas Co Md

Occupation: Farmer

Where Residing if not at place of death:

Married, ~~Single or Widowed~~

Name of Wife or Husband: Ann Hindle

Father's Name: Wm Hindle

Father's Birthplace: Chas Co md

Mother's Maiden Name: Unknown

Mother's Birthplace:

Name of person giving Information: Wm S. Percy

How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Feebleness & old age — How long: 2 weeks

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: none attending

Address:

Accident or Suicide?

LIBRARY BUREAU A69916

Reprinted by
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Detroit

Name in Full: Sarah Rebecca Jameson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Allens Fresh; County: Charles

Date of death: Month: August; Day: 20th; Year: 1904

Age: Years: 45; Months: 2; Days: 11

Sex: Female

Color or Race: White

Birthplace: Charles Co. Md

Occupation: House Keeping

Where Residing if not at place of death:

Married, Single or Widowed: X Widowed

Name of Wife or Husband: Napoleon Jameson

Father's Name: Jos E Sanders

Father's Birthplace: Charles Co Md

Mother's Maiden Name: Mary Boarman

Mother's Birthplace: " " "

Name of person giving Information: L I Sanders

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dropsy & Heart Bowel, Bright

How long: 2 yrs

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: T. L. Higdon.

Address: Waverly

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full — Certificate of Death

Mary Emily Jones

Died at Town — Near Cohuis, County — Worcester — MARYLAND

Date 1904. Month Aug Day 20 — Age Y. 57 M. — D. — Native of Md. — Occupation Domestic

~~Male~~ Female — ~~White~~ Colored — Married — ~~Single~~ — ~~Widow~~ — ~~Widower~~ — ~~Divorced~~ — Number of children living Any

~~Husband~~ Wife of William Jones

Father's Name Henry Bailey — Mother's Name Rose Butler

Cause of Death — Primary: Tuberculosis of Lung — How long sick several years

Immediate

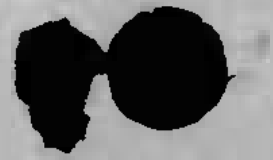
~~Accident, Suicide, Homicide~~

Reported by Catalus A. Powell

Address Pocomoke, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

R. H. Maddox

Died at Town: Ripley County: Charles MARYLAND

Date 1904 Month: Aug Day: 21 Age: Y. 32 M. D. Native of: Charles Co. Md. Occupation: Merchant

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living: One

Husband ~~Wife~~ of Adelaide Pigman

Father's Name: H. C. Maddox

Mother's Name: [illegible]

Cause of Death — Primary: Rectal Fistula

How long sick: About 4 years

Immediate: Exhaustion

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Jno. T. Digges M.D.

Address: Port Tobacco Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65968

Name in Full: Lelia Ann Middleton

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Nanjemoy — County: Chas

Date of death 1907: Month: Aug — Day: 6 — Age: Years: 30 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Chas Co

~~Married~~, Single or Widowed: single — Occupation: None

Name of Wife or Husband:

Father's Name: John Middleton — Father's Birthplace: Chas Co

Mother's Maiden Name: Not Known — Mother's Birthplace: ——

Name of person giving information: Willis Middleton — How related to deceased: Half Bro

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: two weeks

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: None

Address:

Accident or Suicide?

LIBRARY BUREAU A82516

Name in Full: Robt L. Mudd

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cobb Island — County: Charles

Date of death 1904 — Month: Aug. — Day: 4 — Age — Years: X — Months: 4 — Days:

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: \ — Where Residing if not at place of death: \

Married, Single or Widowed: \ — Name of Wife or Husband: \

Father's Name: Jere T. Mudd — Father's Birthplace: Md.

Mother's Maiden Name: Mary Mudd — Mother's Birthplace: Md.

Name of person giving Information: Father — How related to deceased: \

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 5 mos

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. C. Carrico M.D.

Address: Bryantown, Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: J H Neale

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Lancaster Hall — County: Chs Co

Date of death: Month: Aug — Day: 25 — 1904 — Day: Sunday

Age — Years: 46 — Months: one — Days: Twenty

Sex: Male

Color or Race: White

Birthplace: Charles Co Md

Occupation: Contractor

Where Residing if not at place of death: Grenwood Depot

Married, Single or Widowed: Widower

Name of Wife or Husband: [illegible]

Father's Name: Henry A Neale

Father's Birthplace: Charles Co Md

Mother's Maiden Name: Mary Ann Neale

Mother's Birthplace: Chs Co

Name of person giving Information: C H Neale

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis + Bronchitis 3 D

How long: One year

Immediate: Paralysis

How long: " "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: T L Hopkins

Address: Marydel

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Mary L. Page.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Issue — County: Charles

Date of death: Month: Aug — Day: 12 — 1904

Age: Years: 62 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: —

Occupation: Housewife — Where Residing if not at place of death: —

Married, ~~Single~~ or Widowed — Name of ~~Wife or~~ Husband: William Page

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: William Page — How related to deceased: Husband.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart disease — How long: —

Immediate: Failure of heart. (dropped dead) — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Sub. register — W. A. Clark

Address: Newburg, Md.

Accident or Suicide? Neither.

LIBRARY BUREAU A88816

Name in Full: Hezekiah Queen

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Mt Vernico — County: Charles

Date of death 1904 — Month: Aug — Day: 11

Age — Years: — Months: 2 — Days: 20

Sex: Male — Color or Race: Colored — Birthplace: Chas Co

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: ~~Emma~~ ?

Father's Name: Henry Queen — Father's Birthplace: St Marys Co

Mother's Maiden Name: Emma Murry — Mother's Birthplace: Chas Co

Name of person giving Information: Henry Queen — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Pneumonia — How long: two days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: James Benj. Swann

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Chapel Point — County: Charles

Date of death: Month: Aug — Day: 25 — 1904 — Age: Years: 33 — Months: — — Days: —

Sex: Male — Color or Race: African (Mix) — Birthplace: Charles Co

Occupation: Laborer — Where Residing if not at place of death: Potters Creek

Married, Single or Widowed: Widower — Name of Wife or Husband: Nellie Swann

Father's Name: Wm T. Swann — Father's Birthplace: —

Mother's Maiden Name: Emlie Massie — Mother's Birthplace: —

Name of person giving Information: Allonzus Thompson — How related to deceased: 3rd Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 8 years

Immediate: Asthenia — How long: 8 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E Spencer

Address: Bel Alton Charles Co Maryland

Accident or Suicide?

LIBRARY BUREAU No 5516

Name in Full: Nellie Brawner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bel Alton — County: Charles

Date of death: 1904 — Month: Aug — Day: 31 — Age: Years: 80 — Months: — Days: —

Sex: Female — Color or Race: African — Birthplace: Charles Co.

Occupation: Servant — Where Residing if not at place of death: Rich Hill

Married, Single or Widowed: Widow — Name of Wife or Husband:

Father's Name: Valentine Brawner — Father's Birthplace: Charles Co.

Mother's Maiden Name: Lucy Watts — Mother's Birthplace: " "

Name of person giving Information: Sam'l Cox Jr — How related to deceased: old master

79

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fatty degen. Heart + Arth. Cer. — How long: 2 years

Immediate: Cardiac Failure — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E Pierson

Address: Bel Alton Charles Co Md.

Accident or Suicide?

LIBRARY BUREAU A886

Name in Full: Jane Taylor

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Pomonkey — County: Chas

Date of death: Month: Aug — Day: 18 — 1904

Age: Years: — Months: 3 — Days: —

Sex: Male — Color or Race: Bl — Birthplace: Washington

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Johnnie Taylor — Father's Birthplace: Va

Mother's Maiden Name: Rosy Taylor — Mother's Birthplace: Va

Name of person giving Information: Johnnie Taylor — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long: —

Immediate: Congestion Chill — How long: 4 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Non

Address: [redacted]

Accident or Suicide? —

LIBRARY BUREAU A88016

Name in Full: Birdie Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bryton — County: Charles

Date of death 1904: Month: Aug — Day: 22 — Age: Years: 19 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Md.

Married, Single or Widowed: married — Occupation: Housewife

Name of Wife or Husband: Peter Thomas

Father's Name: John Susan — Father's Birthplace: Md

Mother's Maiden Name: Rachel Goldrick — Mother's Birthplace: Md

Name of person giving information: Peter Thomas — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Blood poisoning — How long: 6 days

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. C. Chappelear M.D.

Address: Hughesville Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88316

Name in Full: John Ward

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hill Top — County: Charles

Date of death: Month: August — Day: 8 — Years: 1904 — Age: 23 — Months — Days

Sex: Male — Color or Race: B — Birthplace: Charles Co Md

Occupation: Laborer — Where Residing if not at place of death: Hill Top

Married, Single or ~~Widowed~~ — Name of Wife or Husband

Father's Name: Thomas Ward — Father's Birthplace: Charles Co Md

Mother's Maiden Name: Susan Montgomery — Mother's Birthplace: " " "

Name of person giving Imformation: Thomas Ward — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Supposed Typhoid Fever — How long

Immediate — How long: Last few days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Maximilian Clement

Address: Port Royal

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Ada Washington

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Riverside County: Charles

Date of death 1904: Month: augt Day: 4 Age: Years Months: 2 Days:

Sex: Female Color or Race: B Birthplace: Charles md

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Washington Father's Birthplace: Charles Co md

Mother's Maiden Name: Ada Mother's Birthplace: / / / /

Name of person giving Imformation: William Washington How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cold or Croup How long:

Immediate: Sclr Edm Finder Born How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Maynard Clements

Address: Surt Dept

Accident or Suicide?

LIBRARY BUREAU A88516